Under the Panerwork Reduction Act of 1995, no persons are require

		no percent are required t	- Tooperia to a comoo				
Fees pursuant to the Consoli	tive on 12/08/2004. dated Appropriations Act, 2005 (H.R. 4818)		1).	Complete if Known			
FEE TRANSMITTAL			Application N	Application Number 09/890,088		Conf. No.: 6075	
			Filing Date		July 26, 2001		
For FY 2009			First Named I	First Named Inventor Aless		ssandro LAMBIASE	
Applicant claims sma	Examiner Nar	Examiner Name 1647					
			Art Unit		C. Woodward		
TOTAL AMOUNT OF PAY	MENT (\$)	65.00	Attorney Doci	ket No.	5979-0107PUS1		
METHOD OF PAYMEN	T (check all	that apply)					
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization	on PTO-2038.	oomo pubno. Oroak oura	mormation should	1101 00 111	nauca on ana lom.	Tovide credit card	
FEE CALCULATION							
1. BASIC FILING, SEA							
		FILING FEES SEAF Small Entity		RCH FEES EXAM			
Application Type	Fee (\$)	Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	330	165 54	0 270	22	0 110		
Design	220	110 10	0 50	14	0 70		
Plant	220	110 33	0 165	17	0 85	-	
Reissue	330	165 54	0 270	65	0 325		
Provisional	220	110	0 0		0 0 .		
2. EXCESS CLAIM FE	ES				F (A)	Small Entity	
Fee Description Fach claim over 20.6	including R	eicenee)			<u>Fee (\$)</u> 52	<u>Fee (\$)</u> 26	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						110	
Multiple dependent claims						195	
Total Claims	Fee Paid (\$)		390 Multiple D	Dependent Claims			
9 - 24 =	Extra Claim 0	<u>ns Fee (\$) </u>	0.00		Fee (\$)	Fee Paid (\$)	
HP = highest number of total	•						
Indep. Claims 2 - 3 or HP =	Extra Claim 0		Fee Paid (\$) 0.00				
HP = highest number of inde			0.00				
3. APPLICATION SIZE If the specification and		xceed 100 sheets of	paper (excluding	g electroi	nically filed seque	ence or computer	
listings under 37 C	FR 1.52(e)),	the application size	fee due is \$270	(\$135 fo			
		35 U.S.C. 41(a)(1)(0					
<u>Total Sheets</u> - 100 =	Extra Shee 0	$\frac{\text{Number of } \epsilon}{/50} = 0$	each additional 50 round up to a			Fee Paid (\$) = 0.00	
A OTHER EEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1 Mo EOT 65.00							
SUBMITTED BY							
Signature Sud		By. NO. 44,046	Registration No	. 28077	Telepho	one 703-205-8000	
	1 prycy	44,046	(Attorney/Agent)	20311		1 2011	
Name (Print/Type) Gerald M	. Murpny, Jr.				Date	OF TY FOR	



This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.